



U.S. Environmental Protection Agency

STRATOSPHERIC OZONE PROTECTION PROGRAM

**CLASS I CONTROLLED SUBSTANCE
REPORT:
IMPORTER QUARTERLY REPORT
(Sec 82.13(g)(4) AND Sec 82.13(o-q))**

SECTION 1 IMPORTING COMPANY IDENTIFICATION

1.1 Date of Submission		1.2 Number of Transactions Reported		1.3 Number of Pages Submitted	
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1.4 Quarter and Year to Which This Report Applies	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd	<input type="checkbox"/> 4 th	Year ____
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1.5 Importing Company

Company Name _____

Street Address _____

City _____	State _____	Zip Code _____
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1.6 Company Contact Identification

Reporting Company Contact Person _____	Phone Number _____	Fax Number _____
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1.7 Signature of Reporting Company Representative

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name _____

Title _____

Signature _____

Date _____

SEND COMPLETED FORMS TO:

Tracking System Program Manager
Global Programs Division
U.S. EPA (6205J)
1200 Pennsylvania Avenue, NW
Washington, DC 20460

Information in reports submitted in compliance with the final rule may be claimed as confidential. A company may assert a claim of confidentiality for information submitted by clearly marking that information as confidential. Such information shall be treated in accordance with EPA's procedures for information claimed as confidential at 40 CFR Part 2, Subpart B, and will only be disclosed by the means set forth in the subpart. If no claim of confidentiality accompanies the report when it is received by EPA, it may be made public without further notice to the company (40 CFR 2.203).

Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. Public reporting burden for this collection of information is estimated to average 16 hours per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR Part 9 and 48 CFR Chapter 15. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, OPPE Regulatory Information Division, U.S. Environmental Protection Agency (2137), 1200 Pennsylvania Avenue, NW, Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503, Attention: Desk Officer for EPA. Include the EPA ICR number and OMB control number in any correspondence. DO NOT SEND THIS FORM TO THE ABOVE ADDRESS. ONLY SEND COMMENTS TO THESE ADDRESSES.



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SECTION 2 TRANSACTION RECORDS

(Reproduce additional sheets as needed)

2.1 Company Name

2.2 Transaction Summaries

TRANSACTION #			
Source Country		Port of Exit from Source Country	
Quantity of Commodity Imported (kg)		Commodity Code of Shipment	
Importer Number	Class I Substance Imported		Quantity of Class I Substance Imported (kg)
Port of Entry into the U.S.	Date of Import (mm/dd/yy)	Customs Entry Summary Number	
Intended Use: <input type="checkbox"/> Essential Use <input type="checkbox"/> Transformation <input type="checkbox"/> Destruction			
Transaction Type: <input type="checkbox"/> Used <input type="checkbox"/> Heels			

TRANSACTION #			
Source Country		Port of Exit from Source Country	
Quantity of Commodity Imported (kg)		Commodity Code of Shipment	
Importer Number	Class I Substance Imported		Quantity of Class I Substance Imported (kg)
Port of Entry into the U.S.	Date of Import (mm/dd/yy)	Customs Entry Summary Number	
Intended Use: <input type="checkbox"/> Essential Use <input type="checkbox"/> Transformation <input type="checkbox"/> Destruction			
Transaction Type: <input type="checkbox"/> Used <input type="checkbox"/> Heels			

TRANSACTION #			
Source Country		Port of Exit from Source Country	
Quantity of Commodity Imported (kg)		Commodity Code of Shipment	
Importer Number	Class I Substance Imported		Quantity of Class I Substance Imported (kg)
Port of Entry into the U.S.	Date of Import (mm/dd/yy)	Customs Entry Summary Number	
Intended Use: <input type="checkbox"/> Essential Use <input type="checkbox"/> Transformation <input type="checkbox"/> Destruction			
Transaction Type: <input type="checkbox"/> Used <input type="checkbox"/> Heels			

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SECTION 3 COMPANY IMPORT DATA

3.1 Company Name

3.2 Company Import Totals

A	B		C	D	E	F	G	H	I
Chemical Name	Essential Uses		In-House Transformation (kg)	Second-Party Transformation (kg)	In-House Destruction (kg)	Second-Party Destruction (kg)	Total Imports of Class I Substance (B + C + D + E + F = G) (kg)	Total Imports of "Used" Class I Substance (kg)	Total Amount of "Heels" of Class I Substance (kg)
	Global Laboratory Exemption (kg)	Other Essential Use Exemption (kg)							
CFC-11									
CFC-12									
CFC-13									
CFC-113									
CFC-114									
Other CFCs (please specify)									
HBFCs (please specify)									
Halons (please specify)									
Carbon Tetrachloride									
Methyl Chloroform									
CBM									



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SECTION 4 ALLOWANCE EXPENDITURE DATA

4.1 Company Name

4.2 Yearly Balance Summary of Allowances

A	B	
Chemical Name	Total consumption allowances for year-to-date (as of the end of the quarter) that were:	
	Expended	Unexpended
CFC-11		
CFC-12		
CFC-13		
CFC-111		
CFC-112		
CFC-113		
CFC-114		
CFC-115		
Other CFCs (please specify)		
HBFCs (please specify)		
Halons (please specify)		
Carbon Tetrachloride		
Methyl Chloroform		
CBM		